The application shall be submitted on the letterhead of the College with outgoing number and date

**To Director General**

**Eurasian Centre for Accreditation and**

 **Quality Assurance in Higher Education and Health Care**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATION**

**for accreditation**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(college name)

Please accept the application and send a commercial proposal for **institutional** and (or) **specialized** (programmatic)\* (select) accreditation.

*\** *In case of programme accreditation to submit the list of educational programmes offered by the college for specialized accreditation, indicating the code and the contingent of students for each programme, as well as additional information in* ***item 7***

|  |  |  |
| --- | --- | --- |
| 1 | Name of the College | BIN |
| 2 | Legal status | Address:Phone:e-mail: Website: |
| 3 | Full name of the Сollege Director |  |
| 4 | Information about the state license for educational activities according to the annex to the licensePlease provide a сopy of the license |  |
| 5 | Information on passing the state certification (year, result) |  |
| 6 | Bank details  |

|  |
| --- |
| Individual Identification Code (IIC)Bank Identification Code (BIC) Bank details Beneficiary Code –  |

 |
| 7 | List of educational programmes of the College including codes and number of students for each programme to apply for specialized (programmatic) accreditation | 1. Specialty, qualification with indication of the code:2. Contingent of students:3.Whether graduation of students was carried out: YES / NO |
| 8 | Information on institutional/ specialized accreditation (date, certificate validity period) |  |
| 9 | Full name, position, corporate and mobile phonenumber, e-mail of the Contact Person |  |
| 10 | Full name, corporate and mobile phone number, e-mail of the Accountant |  |

***Annex****: a brief historical background of the College on page 1 and copy of the state license and annexes to the license for the right to conduct educational activities on \_\_\_\_ sheets*

Full name and signature of the Сollege Director

 Please apply your stamp here